

SEP 13 2010



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1920.00

Complete if Known

Application Number	10/537,749
Filing Date	June 6, 2005
First Named Inventor	Terry Wayne Lockridge
Examiner Name	Junior O Mendoza
Art Unit	2423
Attorney Docket No.	PU020489

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Customer Number 24498

Deposit Account: Deposit Account Number 07-0832 **Deposit Account Name: THOMSON LICENSING LLC.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Independent ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	= _____	= _____

4. OTHER FEE(S)

RCE Fee

Fees Paid (\$)810.00_____

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 480-5319
Signature				Date: 9/08/10	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Fee (\$)
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50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 20 or HP =	x	=
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Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Independent Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

- 3 or HP =	x	=
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_____	- 100 = _____ / 50 = _____	(round up to a whole number) x	_____	= _____

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RCE Fee

Fees Paid (\$)

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Docket No. P020489 Serial No. 10/537,749 Filed: 6/12/05 Patent No. _____
Inventor(s): Terry W. Lockridge et al.
Title: Method and System for Previews Channel and PPV Video Reset
Atty: Vincent E. Duffy
APPLICATION AS FILED

APPLICATION ASSESSMENT

APPLICATION AS FILED						
Enter Date	Enter Number	Check Type	Check Items Mailed with Application			
	Independent Claims	Original-US Nat'l	<input type="checkbox"/>	Declaration		
	Claims in Excess 20	Divisional	<input type="checkbox"/>	Statement under CFR § 1.56-013M		
	Claim Pages	Continuation	<input type="checkbox"/>	Assignment & Recordation Sheet		
	Specification Pg's	CPA/RCE	<input type="checkbox"/>	Preliminary Amendment		
	Sheets of Drawings	Reissue		Priority Document -		
	Abstract Pages	Re-Exam	<input type="checkbox"/>	IDS 1449 with References		
		US Provisional		Utility Application Transmittal		
Mailed	Due	AMENDMENTS	Mailed	Due	APPEALS	Mailed
		After Rejection			Notice of Appeals	
9/8/10	10/6/10	After Final Rejection			Appeal Brief	
		After Allowance U/R312			Reply Brief	9/8/10
		Supplemental			Pet. To Withdraw.	
		Voluntary			REQUESTS	
		Letter to Exam/Draftsperson w/Drawing Correction(s)			Ext. Time § 1.36(b)	9/8/10
		Pg(s). of Formal Dwg(s)			Cert. of Correction	
		OTHER			OTHER	
		Lic. To For. File			Statement NASA	
		Reg. Priority 35 USC119			Terminal Disclaimer	
		Statement DOE			Claim Disclaimer	
		Statement under §1.56			Status Letter	
		IDS w/ references			Declaration	
					Suppl. Declaration	
					Missing Parts Letter	

